



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Igor Rakovchik DO

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-17-2389-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

April 10, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing of Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307.

We are providing supporting documentation specifically explaining and outlining our position in accordance with Rule 127.10, 133 and 134 of the TDI-DWC Rules and Regulations governing bills/claims submitted in reference to DESIGNATED DOCTOR REFERRED TESTING."

Amount in Dispute: \$293.64

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the documentation received. Coventry stands by the review ... Regarding 99204. Documentation does not support the level billed ... HCPCS A4556 denied as: In accordance with the CMS Physician Fee Schedule rule for status code 'P' ... HCPCS A4215 allowed \$1.39."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 31, 2016	99204, A4556 and A4215	\$293.64	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.

3. 28 Texas Administrative Code §134.1 sets out the guidelines for medical reimbursement
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 219 – Based on extent of injury

Issues

1. What are the services in dispute?
2. Does an extent of injury exist for this dispute?
3. Does documentation support service billed 99204?
4. Is the requestor entitled to reimbursement for code A4556?
5. Is the requestor entitled to reimbursement for code A4215?

Findings

1. Igor Rakovchik, D.O. included the following procedure codes on the Medical Fee Dispute Resolution Request (DWC60): 99204, 95886, 95911, A4556 and A4215 seeking \$0.00 for procedure codes 95886 and 95911. Therefore, these codes will not be considered for review. Procedure codes 99204, A4556 and A4215 are services considered in dispute.
2. The insurance carrier denied disputed service on explanation of benefit dated November 15, 2016, stating “Based on extent of injury”. However, the insurance carrier did not maintain this denial in its response to Medical Fee Dispute Resolution Request. Therefore, the Division finds that an extent of injury does not exist for this dispute.
3. 28 Texas Administrative Code §134.203 (a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

Procedure Code 99204 is defined as “Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.”

The respondent states “Regarding 99204. Documentation does not support the level billed. Provider must document all three of the following: Comprehensive history, comprehensive exam, and moderate complexity decision making. None of these is met.”

The Division finds that the requestor’s documentation did not support procedure code 99204; therefore, reimbursement is not recommended.

4. Procedure code A4556 is defined as “Electrodes (e.g., apnea monitor), per pair.”

Insurance carrier indicates in the response to the medical fee dispute resolution dated May 01, 2017 states “HCPCS A4556 denied as: In accordance with the CMS Physician Fee Schedule rule for status code ‘P’, this service is not separately reimbursed when billed with other payable services.”

Medicare policy finds that CPT Code A4556 is a Bundled/Excluded Code which means:

There are no RVUs and no payment amounts for these services. No separate payment should be made for them under the fee schedule.--If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident. (An example is an elastic bandage furnished by a physician incident to physician service.)--If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (i.e., colostomy supplies) and should be paid under the other payment provision of the Act.

The Medicare Policy Manual, Chapter 15 §60.1 states, “Incident to a physician’s professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness.”

Review of the submitted documentation does not support a separate service to support procedure code A4556. Therefore, no additional reimbursement is recommended.

5. Procedure code A4215 is defined as “Needle, sterile, any size, each.” Medical reimbursement for health care not provided through a workers' compensation health care network shall be made in accordance with:

Procedure code A4215 has a Medicare status of X, which is a statutory exclusion. Medicare defines this exclusion as follows:

These codes represent an item or service that is not in the statutory definition of “physician services” for fee schedule payment purposes. No RVUS or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule.

28 Texas Administrative Code §134.1 (e) states “Medical reimbursement for health care not provided through a workers' compensation health care network shall be made in accordance with:

(1) the Division's fee guidelines;

(2) a negotiated contract; or

(3) in the absence of an applicable fee guideline or a negotiated contract, a fair and reasonable reimbursement amount as specified in subsection (f) of this section.

(f) Fair and reasonable reimbursement shall:

(1) be consistent with the criteria of Labor Code §413.011;

(2) ensure that similar procedures provided in similar circumstances receive similar reimbursement; and

(3) be based on nationally recognized published studies, published Division medical dispute decisions, and/or values assigned for services involving similar work and resource commitments, if available.

28 Texas Administrative Code §134.203 (f) states “For products and services for which no relative value unit or payment has been assigned by Medicare, Texas Medicaid as set forth in §134.203(d) or §134.204(f) of this title, or the Division, reimbursement shall be provided in accordance with §134.1 of this title (relating to Medical Reimbursement).”

Insurance carrier made a payment in the amount of \$1.39. Therefore, no additional reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

5/5/2017
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.